

Mail to:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

www.dhs.state.ut.us
RECEIVED

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

JAN 11 2008

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: KANAB SANITARY LANDFILL **08.00151**
Facility Mailing Address: P.O. BOX 36
(Number & Street, Box and/or Route)
City: KANAB Zip Code: 84741
County: KANE

Owner

Name: WKCSSD NO. 1 Phone No.: (435) 644-5089
Mailing Address: P.O. BOX 36
(Number & Street, Box and/or Route)
City: KANAB State: UTAH Zip Code: 84741
Contact's Name: NYLE W. WILLIS Title: TREASURER
Contact's Mailing Address: P.O. BOX 36, KANAB, UT 84741
Phone No.: (435) 644-5089 Contact's Email Address: NWW@KANAB.NET

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: Phone No.: ()
Mailing Address:
(Number & Street, Box and/or Route)
City: State: Zip Code:
Contact's Name: Title:
Contact's Mailing Address:
Phone No.: () Contact's Email Address:

Facility Type and Status

☐ Class I ☐ Class IIIb ☐ Class V
X Class II ☐ Class IVa ☐ Class VI
☐ Class IIIa ☐ Class IVb

C/D cell not operated under a separate permit number.

Yes ☐ No X

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total tons received at facility for disposal:

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	6,500			X	<input type="checkbox"/>
Industrial				<input type="checkbox"/>	<input type="checkbox"/>
C/D ¹				<input type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

- ☐ No conversion factors used
☐ Conversion factor from rules (R315-302-2(4)(c)) used
☐ Site specific conversion used Please list: _____

Recycling

Material Recycled: N/A _____ Tons/Cubic Yds.
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

Utah Disposal Fee

Disposal Fee Required to be Paid to State Yes ☒ No ☐

Fee Paid	Municipal	\$ 800.00	C/D	\$
	Industrial	\$	Annual	\$

Landfill Capacity

Current Landfill Remaining Capacity

Tons: _____

Years: 50 _____

Cubic Yards: _____

Acres: 200 _____

Financial Assurance

Current Closure Cost Estimate: \$ 20,000.00 _____

Current Post-Closure Cost Estimate: \$ 40,000.00 _____

Current Amount or Balance in Mechanism: \$ 109,000.00 _____

(If balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: TRUST FUND _____

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: PTIF ACCT NO. 2548 _____

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Required Reports

Ground Water Monitoring: Class I and V landfills only. Check if exempt X

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt X

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: _____

Date: 01/09/08

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: NYLE W. WILLIS Title: TREASURER

STATEMENT OF ACCOUNT

**PTIF****UTAH PUBLIC TREASURERS' INVESTMENT FUND**

Edward T. Alter, Utah State Treasurer, Fund Manager

E315 State Capitol Complex

Salt Lake City, Utah 84114-2315

Local Call (801) 538-1042 Toll Free (800) 395-7665

www.treasurer.utah.gov

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ESCROW-WESTERN KANE CO. SSD #1

ATTN: NYLE WILLIS

P.O. BOX 36

KANAB, UT 84741

11/30/07

STATEMENT OF ACCOUNT NO: 2548

REPORT PERIOD: 11/01/07 TO 11/30/07

DATE	REFERENCE	DEPOSITS	WITHDRAWALS	BALANCE
11/01/07	BEGBAL	0.00	0.00	108,558.04
11/30/07	NETEARN	471.09	0.00	109,029.13
11/30/07	ENDBAL	0.00	0.00	109,029.13

ACCOUNT SUMMARY

BEGINNING BALANCE:	108,558.04
DEPOSITS IN THE PERIOD:	471.09
WITHDRAWALS IN THE PERIOD:	0.00
ENDING BALANCE:	109,029.13
GROSS EARNINGS:	471.09
ADMINISTRATIVE FEE (0.0000%)	0.00
NET EARNINGS:	471.09
AVERAGE DAILY BALANCE:	108,558.04
GROSS EARNINGS RATE:	5.2074%
NET EARNINGS RATE:	5.2074%

+ EQUIVALENT 365 DAY RATE IS +
 + 5.2797% +

PLEASE RETAIN THIS STATEMENT FOR FUTURE REFERENCE